Notice of Information Item No.3

Issue Date: October 31, 2025

Arlington Public Schools
Procurement Office

Request for Proposal 30FY26

Request for Proposal Title:	**Health Care Services for Arlington Public Schools**
Request for Proposal Number:	**30FY26**
Request for Proposal Issue Date:	**October 8, 2025**
Pre-Proposal Conference:	**October 15, 2025 (Refer to Request Title Page 2)**
Proposal Due Date & Time:	**December 1, 2025, No Later Than 1:00 P.M. (EST)**
Procurement Office Representative:	**Danielle Godfrey, CPPB Procurement Director (571) 205-3956, danielle.godfrey@apsva.us**

The following information is provided to help Offerors submit a Proposal in response to RFP 30FY26:

1. Can we manipulate the excel doc (Appendix H Proposal Data Forms) to fit responses?

Answer: Offerors may manipulate the Excel document to fit their responses, provided all required data is clearly presented and labeled. Adding rows or columns for clarity is acceptable.

2. With regards to organizing the submission by Tabs, do you foresee each tab as a folder, with the requested documentation by section within it? Or do you see Tabs as one document each in which we save all requested items as one file?

Answer: APS prefers each Tab to be submitted as a separate document/file. Each Tab should contain all relevant documentation for that section, rather than organizing it by folders.

3. Appendix A: Contractor Certification Regarding Criminal Convictions: We believe this is not applicable as our employees and subcontractors do not have direct contact with students. Is it still required to sign this certification?

Answer: This certification is required even if employees and subcontractors do not have direct contact with students. It is based on Virginia Code and applies broadly to contractors working on school property.

4. Appendix H Proposal Data Forms: "Med SF or FI Qs" – Do you prefer both responses (SF/FI) in the same tab/response box or are we able to add a separate tab to differentiate between SF/FI responses?

Answer: Responses for SF and FI may be submitted in the same tab with clear differentiation or in separate tabs. APS allows flexibility as long as the format is clear and organized.

5. Appendix I – APS RFP ASO Pharmacy Questionnaire: The RFP indicates flexibility in considering proposals that are tailored to a carrier's model. If certain PBM-centric questions in the pharmacy questionnaire do not apply the carrier's pharmacy integrated model, can the carrier provide a response limited to what is relevant to its integrated pharmacy model, and state where a carve-out PBM model or related requirements are not feasible for its plan design? Would it satisfy APS' requirements if the questionnaire is answered in this fashion?

Answer: Carriers may tailor responses to reflect their integrated pharmacy model. It is acceptable to provide relevant responses and indicate where carve-out PBM models or related requirements are not feasible.

6. Please provide a list of services currently offered only at this clinic and their CPT codes.

Answer: APS has not publicly listed CPT codes. This information may be requested directly from APS through FOIA request.

7. If the patient is not covered by a carrier, would they still have access to on-site services? Who pays for employees who waived coverage, or can the carrier bill for the services rendered to another employee's insurance?

Answer: No, Employees who waive coverage may not access on-site services.

8. Who is funding the onsite clinic, virtual services?

Answer: Funded will be through the medical plan provider.

9. Considering that you are now moving to a two medical carrier plan, will the clinic continue to be funded by the medical carrier? If yes, then will both medical carriers share the cost?

***Answer: APS is looking for only one medical carrier to manage and fund the On-site clinic*.**

10. What is the current utilization of the CloseKnit clinic? Please provide a breakdown of the number of visits and types of visits.

***Answer: Specific utilization data is not publicly available for RFP 30FY26, information may be requested from APS through FOIA request*.**

11. Can APS employees who waive coverage access any services at the clinic? If yes, then how is the billing and payment handled by the current operator for services provided to those employees/dependents?

Answer: No, Employees who waive coverage may not access clinic services.

12. Do they currently have a medical record or system that we would have to feed into? Do they have an electronic medical record?

Answer: CloseKnit uses an integrated EMR system compatible with the Medical Carrier, including secure patient portals.

13. Who owns the clinic property or is it a rental? Will the clinic space be available free of charge?

Answer: APS leases the Syphax Education Center where the clinic is located. Clinic space is expected to be available free of charge to the operator.

14. What is the average square footage, number of exam rooms, etc. of the clinic?

Answer: Clinic space square footage and exam rooms information will be made available prior to contract award.

15. Who owns the equipment and is responsible for maintenance of the equipment? Will the county provide the equipment needed?

Answer: No, Arlington Public Schools will not be providing the equipment for the clinic. The equipment is provided by the medical provider operating the clinic space.

16. Please elaborate on the type of reporting needed under clause 1.3.7 on page 13

Answer: APS expects regular reporting on utilization, cost, and outcomes, including visit types and service metrics.

17. Would the clinic operator be required to submit utilization data to the carrier not operating the clinic?

Answer: No, utilization data will not be shared.

18. Are the current staff all Close-Knit employees?

Answer: Staff are employed by CloseKnit.

19. Are you open to staffing the clinic with a Physician (potentially virtual or hybrid) instead of a Nurse practitioner? The virtual/hybrid Physician will be supported by in-person clinical staff including Registered Nurse, Clinical Assistant and Phlebotomist.

Answer: APS is open to hybrid models including virtual physicians supported by in-person clinical staff.

20. Is there an established fee schedule that you can share?

Answer: Not publicly available; may be requested from APS through FOIA request.

21. How do you envision one carrier funding the on-site clinic for the entire APS population in the context of a two-carrier medical plan solution?

Answer: APS is looking for only one medical carrier to manage and fund the On-site clinic.

22. How are you thinking about managing billing for patient services to other carrier(s) that are not managing the on-site clinic?

Answer: Only employees with medical plan coverage for the on-site clinic will have access to clinic services.

23. Is it expected that APS employees will obtain services at the on-site clinic free of charge or at the same cost-share as their medical plan?

Answer: Services may be free or subject to plan cost, depending on Arlington Public Schools medical plan.

24. We need a census that includes the coverage election (i.e. medical and/or vision) and the enrollment type (i.e. EE only, EE/Sp, EE/Ch or Fam) for each employee. Can this be provided?

Answer: Please refer to updated Appendix J. Current Census

25. Please provide 24 months of monthly claims broken out by medical and pharmacy with corresponding enrollment.

    Answer: Please refer to Appendix P. APS 2025 YTD Medical & Rx Claims Enrollment and APS 2024

26. Please provide the last two twelve-month periods of high-cost claimants.

    Answer: Please refer to Appendix T. APS HCC 2024 AND HCC 2025

27. We did not see, on the procurement website, the medical claim file needed to perform the requested medical disruption and reprice. Please provide it at your earliest convenience.

    Answer: *THE MEDICAL DISRUPTION AND REPRICING ANALYSIS IS LOCATED IN APPENDIX L.*

28. Is it acceptable to provide the medical and pharmacy reprice results in the aggregate? We'll require a signed NDA if line-by-line results are required.

Answer: Our Pharmacy RFP questions outline how pricing should be submitted. For Medical, we would prefer line by line, but aggregate is acceptable. You can mark repricing "Proprietary" thus no need for NDA.

29. Please send Appendix O – Vision Disruption.

    Answer: We do not need a vision disruption report. Please provide a Geo Access Report based on APS census to show network coverage.

30. Would you like CareFirst and CloseKnit to continue running the Onsite Health Clinic while the new vendor oversees its integration, or are you looking for the vendor to staff and fund the Onsite Health Clinic?

    Answer: No, the new vendor will staff and fund the Onsite Health Clinic at the start of the new Contract.

31. What is the current scope of services offered in the Onsite Health Clinic (i.e. Primary care, Urgent care, Preventative and wellness care, Occupational health, Worker's Comp, etc.)?

    Answer: the current scope of the Onsite Health Clinic is Primary care, Urgent care, Preventative and Wellness care, Occupational health.

32. If Occupational health and/or worker's comp care is provided, please expand, provide a list of the services provided.
    Answer: Worker's Comp is not provided.

33. Are the same services offered for both in-person and virtual care visit settings?
    Answer: Yes

34. What is the current staffing model at the Onsite Health Clinic, i.e. (full-time/part-time - Registered Nurse, Physician, Advanced Nurse Practitioner, etc.)

    Answer: Nurse Practitioner

35. What are the current hours of operation at the Onsite Health Clinic for on-site direct patient care services and the virtual care services?

    Answer: Current clinic hours are Monday/Tuesday/Wednesday 11:00 am – 5:00 pm; Thursday/Friday 8:00 am – 2:00 pm.

36. Does Arlington Public Schools provide today or desire 24/7 virtual healthcare services?

    (***Answer: APS does not currently have or desire 24/7 virtual service)***

37. How is the Onsite Health Clinic funded today?
    (Answer: Carefirst)

38. How many employees/members have access to the Onsite Health Clinic services today? How many eligible members are in the metropolitan area for in-person care? How many remote members with access only to virtual care? (**Answer:** ***Please refer to the census date regarding the number of eligible employees.***

39. Who is eligible to use the clinic (employees on the medical plan, all employees, covered spouses/domestic partners, covered child dependents)? ***(Answer: only enrolled active employees, spouses, dependents enrolled in medical plan)***

40. Are medical claims adjudicated through the Onsite Health Clinic?
    (Answer: Yes)

41. What do they want for a Individual Stop Loss (ISL) Contract Basis (i.e. 15/12, 12/12, or 12/15)? ***(Answer: APS will be soliciting an RFP at a later date for STOP LOSS insurance.***
42. If Arlington Public Schools is awarded a new care provider in the Onsite Health Clinic business, what would be the effective date for the transition of services to the new healthcare provider? ***(Answer: January 1st, 2027.***

43. Is there a floor plan available or additional detail that Arlington Public Schools could provide regarding the Employee Medical Center (i.e. how many exam rooms, lab, office, waiting area, etc.) **(Answer: No)**

44. Please send last year's utilization report. **(Answer:** ***APS has not publicly listed utilization report. This information may be requested from APS through FOIA request.***
45. Please confirm you would like to continue with the three-visit model and work life. ***(Answer: APS is seeking options for our employees)***
46. How many hours for training and Critical Incident Stress Debriefing (CISD) would you like us to include? (Answer: - ***We are seeking to arrange Critical Incident Stress Debriefing (CISD) training to be conducted within 24 to 72 hours following a critical incident. Our goal is to provide timely support to staff through a structured debriefing process facilitated by qualified professionals.***

47. In the main RFP document labeled, “RFP-30FY26-for-APS-Health-Care-Services” under Section 1.3 Onsite Clinic, for the following questions:
Access to health services shall be available to all APS employees. Can you define what “health services” mean in this question? ***Answer: Only employees with medical plan coverage for the on-site clinic will have access to clinic services.***

1.3.5 Offer free visits by appointment for non-emergency, non-work related illnesses and musculoskeletal injuries, limited lab services, and treatment of illnesses, including prescriptions ***(Answer: Yes; include it)***
48. Can you confirm that “free visits” means there is no member liability ***(Answer: Yes)***
49. In the RFP medical workbook labeled, “APS_RFP - Proposal_Data_Form” in reference to the FSA Tab, confirm each type of FSA (medical, dependent care, transit and parking) should have its own tab completed in the proposal data form. If so, will you provide an updated RFP workbook or will you allow us to duplicate the FSA Tab into multiple Tabs with these sub-categories***? (Answer: Yes, many different FSAs. Bid tab form can be manipulated for each category)***
50. On page 1 of the RFP Pharmacy Questionnaire it states, “It is important to emphasize that a major component of this RFP is the establishment of a fixed dollar per unit fee schedule for generic drugs.”Does the pricing model for 2026 meet the RFP requirement? ***(Answer: Not included currently, looking for awarded vendor to provide)***
51. Referencing Question A. under Section XIII – Formulary Procedure of the RFP Pharmacy Questionnaire, as part of the RFP requirements, a bid with a wide (no exclusions) formulary is required for consideration, while a narrow formulary will still be reviewed. Could you please confirm whether the existing formulary is considered sufficiently broad to meet the“wide formulary” requirement, or if it may be viewed as too restrictive***? (Answer: APS desires wide formulary list)***
52. Referencing Question Q and R under Section XIV – Formulary Rebates of the RFP Pharmacy Questionnaire. “As part of the pharmacy proposal, the successful Respondent must fully disclose all economic relationships with drug manufacturers to APS. This includes all direct and indirect revenue sources, such as drug spend rebates and manufacturer administrative fees.” Can you please confirm what penalty fee would apply in the event of noncompliance with this requirement? ***(Answer: The proposals may not be considered responsive if it does not meet the requirements a contract may not be awarded)***

53. Will ACPS accept electronic/scanned signature in lieu of a wet signature? ***(Answer: Yes)***
54. In which tab should we include Appendix I, ASO Pharmacy Questionnaire? ***(Answer: Please refer to table of Contents)***
55. Row 89 in Appendix H tab “Med SF or FI Q’s” mentions appendices M1 and M2 for the medical and pharmacy disruption and repricing templates. Please confirm

these are Appendix K for medical and Appendix L for pharmacy. ***(Answer: Please refer to Information Item no. 1)***

56. Please provide a census to include Tier election, Plan selection, Gender, Zip code and DOB. ***(Answer: refer to Appendix J. Current Census)***
57. Please confirm if APS would like us to include a Morbid Obesity Rider. ***(Answer: looking for proposers to offer all weight management options)***
58. Please identify what coverage you are seeking for Morbid Obesity. ***(Answer: looking for proposers to offer all weight management options)***
59. Are there any exclusions or limitations you would like us to include. ***(Answer: no, looking for options)***
60. Please confirm if APS would like us to include an Infertility Rider. ***(Answer: APS is seeking additional benefits for employees)***
61. Please identify what coverage are you seeking for Infertility***. (Answers: APS is seeking additional benefits for employees.)***
62. Are there any exclusions or limitations you would like us to include. (Answer: APS is seeking additional benefits for employees without limited exclusions.
63. Related to an EAP proposal***: (Answer: APS is seeking additional EAP benefits for employees***
64. Is there an existing partnership in place with APS EAP Department or is there an additional resource available? (***Answer: EAP service is wrapped in the medical plan , however APS is seeking the best options for APS employees which may include a carve out for EAP services.***
65. How many sessions is the group requesting? ***APS is open to offering additional benefits for employees regardless of the number of sessions.***
66. Please provide the most recent utilization report from their current carrier. Answer: ***The clinic is a new service utilization information can not be provided at this time.***
67. How many critical incident services has the group had in the past year? ***Answer: The clinic is a new service utilization information can not be provided at this time.***

68. How many trainings is the group requesting? ***APS is seeking benefit options for employees)***
69. When is the expected award date for this contract? ***Please refer to the RFP for information on the award date.***
70. Does your current vendor offer a Work Life program? ***Yes***
71. Does your current vendor offer a life coaching program? ***Yes***
72. How many formal referrals has the group had in the past year? ***The clinic is a new service, information is not provided in RFP 30FY26 but can be requested through a FOIA request.***
73. Please confirm commissions to be included for the Reinsurance. No there are no commissions. ***Answer: We are not seeking reinsurance quotes at this time. No commissions should be built into any line of coverage.***

74. Please provide the Current ASO 2027 renewal, if available. (not available.
75. Please provide the Current ASO fee for 2026 ***Answer: APS is looking for offerors to submit proposals without regard to current ASO fees.***

76. Please provide the current Rx rebate PEPM.
    Answer: APS is looking for offerors to submit proposals without regard to current rebates.
77. Is the group receiving 100% of the rebate as a passthrough or are they receiving a credit? If credit to ASO, please specify amount. Rebate
    Answer: Yes APS receives 100% of rebates passed through.
78. Please provide the current network access fee PEPM.

a. **APS is looking for Offerors to provide proposals without regard to current network access fees and ASO fees.**

79. Please provide all additional services not included in the base ASO fee with dollar amounts.
    - ***APS receives funds from the incumbent carrier which covers the entire cost of the onsite clinic.***

Please provide the current ASO contracts count and corresponding members.

a. ***SEE ATTACHED APS 2025 YTD Medical & Rx Claims Enrollment and APS 2024 Medical & Rx Claims Enrollment***

Please provide the specific current network for the requested plan design (PPO and HMO).

The current networks are Blue Preferred PPO and BlueChoice HMO through CareFirst. APS is open to proposals with POS networks and other options with deeper discounts.

Please provide the current Individual Stop Loss rates. ***APS is not seeking proposals for Stop Loss at this time.***
Please provide the 2027 renewal Stop Loss rates, if available.
Please provide the current Aggregate Stop Loss rates.
Please provide the 2027 renewal Aggregate Stop Loss rates, if available.
Please provide the current Specific Contract Basis.
Please provide the current Aggregate Contract Basis.
Please provide the current ISL Deductible.
Please provide the current Aggregate Corridor.

b. Please provide month by month claims for the most recent 12 months (9/1/2024 – 8/31/2025). ***SEE ATTACHED APS 2025 YTD Medical & Rx Claims Enrollment and APS 2024 Medical & Rx Claims Enrollment***

Please provide month by month claims for the prior 12 months (9/1/2023 – 8/31/2024). ***SEE ATTACHED APS 2025 YTD Medical & Rx Claims Enrollment and APS 2024 Medical & Rx Claims Enrollment***

Please provide corresponding HCC for the most recent 12 months (9/1/2024 – 8/31/2025).

c. ***SEE ATTACHED APS 2025 YTD Medical & Rx Claims Enrollment and APS 2024 Medical & Rx Claims Enrollment***
d. ***SEE ATTACHED APS HCC 01.2025-09.2025 and APS HCC 01.2024-12.2024***

Please provide corresponding HCC for the prior 12 months (9/1/2023 – 8/31/2024).

Please provide Utilization reports for inpatient and outpatient split by facility.

Please provide current Premium Equivalents.

See Attached; Employee FT and PT Medical Plan Rates and Contributions 1 1 26

Please provide 2027 renewal Premium Equivalents, if available. ***There is no renewal for 2027.***

80. What is the preferred source of FSA eligibility? ***The preferred source for FSA eligibility is the IRS guidelines.***
81. Does it come from Arlington Public Schools or a third-party benefit administrator?

Arlington Public Schools will provide specific details regarding FSA eligibility.

82. Is it a requirement for FSA eligibility to be managed through the health plan?

a. ***One of the two carriers for the health plan must manage COBRA and FSA. This can be through a sub-contractor, as long as the carrier manages the relationship and billing and oversight.***

83. In the questionnaire there is no reference to the FSA Transit benefit. Does Arlington Public Schools currently offer an FSA Transit benefit?

a. ***Yes there is a Transit Benefit currently.***

84. If so, please share the FSA Transit benefit details.

a. *WMATA SmartTrip® Users If you use Metro for parking and/or transit needs, you will load your funds onto your WMATA SmarTrip® card using the CareFirst benefits portal.*
b. *Parking FSA Specific -You can use for parking at or near your place of employment, as well as parking at or near the location from which you commute to work using mass transit, commuter highway vehicles, or carpools. It does not include parking at or near your home, parking for business meetings or parking expenses reimbursed by APS.*
c. *Transit FSA Specific - You can use for public transit—including train, subway, bus, ferry, or vanpool—as part of your daily commute to and from work. Expenses NOT eligible for reimbursement include gas, tolls, and other driving-related expenses or transit costs reimbursed by APS.*
d. *Parking & Transit FSA Accounts - 2026 Max Contribution - $325 for Each*

85. Is it a requirement for COBRA eligibility to be managed through the health plan?

a. *One of the two carriers for the health plan must manage COBRA and FSA. This can be through a sub-contractor, as long as the carrier manages the relationship, billing and provides oversight.*

86. Is a claim file from the health plan to support FSA administration a requirement or preference? It is a ***Preference***
87. Is the intent to utilize one health plan partner or more than one related to FSA? ***(Answer: One of the two carriers for the health plan must manage COBRA and FSA. This can be through a sub-contractor, as long as the carrier manages the relationship, billing and provides oversight.***

88. Is the intent to utilize one health plan partner or more than one related to COBRA? ***(Answer: One of the two carriers for the health plan must manage COBRA and FSA. This can be through a sub-contractor, as long as the carrier manages the relationship, billing and provides oversight.***

89. Are there any contracting restrictions for FSA/Cobra/Transit/Commuter? (Answer: PM Will confirm)

a. ***One of the two carriers for the health plan must manage COBRA and FSA. This can be through a sub-contractor, as long as the carrier manages the relationship, billing and provides oversight.***

90. Will the winning carrier be able to use the current clinic space at the Syphax Education Center? ***Yes.***
91. Please provide a floor plan of the current clinic space if possible. ***A floor plan is not currently available if selected as a finalist the offerer will be able to tour the space.***
92. What is the current staffing model for the onsite clinic? ***The clinic is currently staff with one nurse practitioner.***
93. Will current staff stay with the clinic if the carrier changes or will the carrier hire new staff? ***The staff works for an outside source and may not be available***.
94. Will the current supplies and equipment be available for purchase by the winning carrier? ***This information is not provided as part of RFP30FY26.***
95. What is the funding mechanism for clinic operations including supplies, utilities, equipment, etc.? ***The funding is provide by Carefirst***
96. Can non-employees access the clinic? ***Non-employees do not have access to the clinic.***
97. Please provide clinic volume and visit data for prior 12-months (e.g., same-day care, primary care, sick visits, therapy, nutrition counseling, new parent support, etc.). ***This will be discussed with the awarded medical provider.***
98. Please confirm the types of services being provided onsite vs virtually by CloseKnit. ***Answer: the types of services being provided onsite vs virtually are the same.***

99. Is APS looking for exact replication of all services being provided by CloseKnit or simply an onsite NP? ***APS is seeking options for the clinical services. However the offerer must at least meet the current service offered.***

100. Please include Charge amounts in the medical claims file (***Please refer to Appendix K APS Medical Claims Repricing Disruption Analysis.***

101. Please confirm what the proprietary 3-D system is? Is this also known as Cotiviti? **Yes, Cotiviti is known as proprietary 3-D system**

102. Please clarify if you would like us to provide a response to page 12. 1.2 Vision Coverage. – See page 20. E. Format and Content – The Proposal should address the items included in the Scope of Services and in the Criteria for Proposal Evaluation. Initial Evaluation Criteria-page 24. My question is confirm we are also supposed to respond to the Shortlist Interviews Evaluation Criteria page 25 and Negotiations State Evaluation Criteria. Some of the information will overlap.

Answer: Offerors are to provide information requested in the Format and Content. Evaluation Criteria is for reference on how the proposals will be evaluated and scored.

103. Please provide full COCs or SPDs for each of the current medical plans and the vision plan. (***Answer: Please refer to Appendix M. Medical Benefits Plan Designs***

104. Please provide month by month medical claims for the last 24 months. ***Please refer to ATTACHED APS 2025 YTD Medical & Rx Claims Enrollment and APS 2024 Medical & Rx Claims Enrollment***

105. Please provide large claims reporting, including diagnosis, for at least the most recent rolling 12 months.

a. ***SEE ATTACHED APS 2025 YTD Medical & Rx Claims Enrollment and APS 2024 Medical & Rx Claims Enrollment***
b. ***SEE ATTACHED APS HCC 01.2025-09.2025 and APS HCC 01.2024-12.2024***

106. The RFP asks for EAP coverage but there is no information on current rates or EAP benefits. Would you please provide a summary of benefits for the EAP and current rates? ***(Answer: Please see below.***

1.5. Employee Assistance Program (EAP):

EAP	3 Session Model	6 Session Model	10 Session Model	Comments
One-time implementation/start-up fee	N/A	N/A	N/A	There are no implementation fees.
Annual renewal/maintenance fee	N/A	N/A	N/A	There are no annual renewal/maintenance fees.
Fee per participant per month	$1.00 PEPM	$1.30 PEPM	$1.63 PEPM	

107. Please provide a pharmacy utilization report including claim information by drug dispensed for the most recent 12 month period. Report should include:
Date of Service/Fill Date
National Drug Code (NDC) number
NABP (Pharmacy) number
Quantity Dispensed
Days Supply
Metric quantity
Retail/Mail indicator
Brand/Generic indicator
Please provide the out of network reimbursement.

Answer: Please refer to Appendix K. for Pharmacy repricing and disruption report.

108. Please clarify what this is from the EAP tab in the APS_RFP_-_Proposal_Data_Form document since Critical incident stress debriefing is also requested on that same tab: Workplace Trauma Response Services. ***(Answer: Yes)***

109. Provide monthly vision claims and enrollment for the past 24 months.

Answer: SEE ATTACHED APS- Fully Insured Vision Report

110. Have there been any plan changes within the last 24 months? ***(Answer: No)***

111. Are all employees within the census enrolled within both the Medical and Vision? If not, provide a vision enrollment specific census. ***(Answer: No***

112. Please provide a census with dependents, medical plan elections and waivers. (Answer: Refer to census)

113. Please provide current and renewal vision rates. ***(Answer: Please refer to Appendix R)***

114. Are commissions included today and are commission being requested for 1/1/27? ***(Answer: No)***

115. Can the employee select to enroll/not enroll in vision coverage or are they automatically enrolled in vision if they get the medical or dental? ***(Answer: APS offers employee the option to enroll in a variety of benefits.)***